Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

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Ticket/Admission Distribution	3				A l'ubile be	cumen				
1. Agency Name	Date Stamp	California	California 802							
County of Alameda			Form	002						
Division, Department, or Region (if applic	ivision, Department, or Region (if applicable)					Use Only				
Board of Supervisors	1									
Street Address	1									
1221 Oak Street, Suite 536										
Designated Agency Contact (Name, Title)										
Crystal Hishida Graff, Clerk, Board of	Crystal Hishida Graff, Clerk, Board of Supervisors									
Area Code/Phone Number E-mail	Date of Original Filin	g:(month, day, yea	ar)							
(510) 272-3882 crystal.hi										
. Function, Event, or Ceremonial F										
Title Golden State Warriors			Face \	Value of Each Adm	ission \$ <u>95.00</u>					
Description Basketball Game	s) 03 10 12									
Ticket(s)/Admission(s) provided by	den State Warriors									
ricket(s)/Admission(s) provided by	agency: res	□ NO E	11 110	Name	e of Source					
Was the distribution to persons identified below made at the behest of an agency official? Yes ☑ No ☐ If yes: Lockyer, Nadia- Supervisor, District 2										
	Official's Name (Last, First) and Title									
The identity of recipient(s) and the										
Name										
(Last, First)	Number of	Agency also pro		income. If the agency official performed a ceremonial role, ovide a description.						
or Organization	Admission(s)/ Ticket(s)	Official	If not income, describe the public purpose, including							
(Name, Address, Description)	Traine ((a)			ceremonial roles, performed by an agency official, individual, or organization.						
Torres, John		Yes 🗖	- Committee of the Comm	County employee for his	exemplary service	Income				
Emergence in reconstruction	8	No 🗹	to the public.							
-		Yes □		F.		Income				
		No 🗖								
		Yes 🗖				Income				
		No 🗖								
		Yes 🔲				Income				
		No 🔲								
		Yes 🔲				Income				
		No 🗖								
Varification										
la	tions 18944.1 an	nd 18942. I h	ave verified	that the distribution of	admissions, set fo	rth above,				
410	CHELLE DIAN	DA	Ticke	et Administrator	21	11/12				
	Title	(mønt	th, day, year)							
Comment: // lee this areas area attachment	for any addition of	information !-	aludina	lmont ovolor-# \						
Comment: (Use this space or an attachment Includes 1 parking pass at a value of \$		mormation in	ciduing amend	тепі ехріапайоп.)						
moldues i parking pass at a value of t	10									